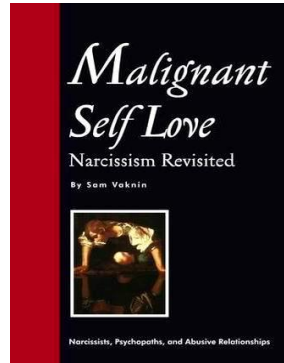


# ***Born Aliens***

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Neonates have no psychology. If operated upon, for instance, they are not supposed to show signs of trauma later on in life. Birth, according to this school of thought is of no psychological consequence to the newborn baby. It is immeasurably more important to his "primary caregiver" (mother) and to her supporters (read: father and other members of the family). It is through them that the baby is, supposedly, effected. This effect is evident in his (I will use the male form only for convenience's sake) ability to bond. The late Karl Sagan professed to possess the diametrically opposed view when he compared the process of death to that of being born. He was commenting upon the numerous testimonies of people brought back to life following their confirmed, clinical death. Most of them shared an experience of traversing a dark tunnel. A combination of soft light and soothing voices and the figures of their deceased nearest and dearest awaited them at the end of this tunnel. All those who experienced it described the light as the manifestation of an omnipotent, benevolent being. The tunnel - suggested Sagan - is a rendition

of the mother's tract. The process of birth involves gradual exposure to light and to the figures of humans. Clinical death experiences only recreate birth experiences.

The womb is a self-contained though open (not self-sufficient) ecosystem. The Baby's Planet is spatially confined, almost devoid of light and homeostatic. The fetus breathes liquid oxygen, rather than the gaseous variant. He is subjected to an unending barrage of noises, most of them rhythmical. Otherwise, there are very few stimuli to elicit any of his fixed action responses. There, dependent and protected, his world lacks the most evident features of ours. There are no dimensions where there is no light. There is no "inside" and "outside", "self" and "others", "extension" and "main body", "here" and "there". Our Planet is exactly converse. There could be no greater disparity. In this sense - and it is not a restricted sense at all - the baby is an alien. He has to train himself and to learn to become human. Kittens, whose eyes were tied immediately after birth - could not "see" straight lines and kept tumbling over tightly strung cords. Even sense data involve some modicum and modes of conceptualization (see: ["Appendix 5 - The Manifold of Sense"](#)).

Even lower animals (worms) avoid unpleasant corners in mazes in the wake of nasty experiences. To suggest that a human neonate, equipped with hundreds of neural cubic feet does not recall migrating from one planet to another, from one extreme to its total opposition - stretches credulity. Babies may be asleep 16-20 hours a day because they are shocked and depressed. These abnormal spans of sleep are more typical of major depressive episodes than of vigorous, vivacious, vibrant growth. Taking into consideration the mind-boggling amounts of information that the baby has to absorb just in order to stay alive - sleeping through most of it seems like an inordinately inane strategy. The baby seems to be awake in the womb more than he is outside it. Cast into the outer light, the baby tries, at first, to ignore reality. This is our first defence line. It stays with us as we grow up.

It has long been noted that pregnancy continues outside the womb. The brain develops and reaches 75% of adult size by the age of 2 years. It is completed only by the age of 10. It takes, therefore, ten years to complete the development of this indispensable organ – almost wholly outside the womb. And this "external pregnancy" is not limited to the brain only. The baby grows by 25 cm and by 6 kilos in the first year alone. He doubles his weight by his fourth month and triples it by his first birthday. The development process is not smooth but by fits and starts. Not only do the parameters of the body change – but its proportions do as well. In the first two years, for instance, the head is larger in order to accommodate the rapid growth of the Central Nervous System. This changes drastically later on as the growth of the head is dwarfed by the growth of the extremities of the body. The transformation is so fundamental, the plasticity of the body so pronounced – that in most likelihood this is the reason why no operative sense of identity emerges until after the fourth year of childhood. It calls to mind Kafka's Gregor Samsa (who woke up to find that he is a giant cockroach). It is identity shattering.

It must engender in the baby a sense of self-estrangement and loss of control over who is and what he is.

The motor development of the baby is heavily influenced both by the lack of sufficient neural equipment and by the ever-changing dimensions and proportions of the body. While all other animal cubs are fully motoric in their first few weeks of life – the human baby is woefully slow and hesitant. The motor development is proximodistal. The baby moves in ever widening concentric circles from itself to the outside world. First the whole arm, grasping, then the useful fingers (especially the thumb and forefinger combination), first batting at random, then reaching accurately. The inflation of its body must give the baby the impression that he is in the process of devouring the world. Right up to his second year the baby tries to assimilate the world through his mouth (which is the *prima causa* of his own growth). He divides the world into "suckable" and "insuckable" (as well as to "stimuli-generating" and "not generating stimuli"). His mind expands even faster than his body. He must feel that he is all-encompassing, all-inclusive, all-engulfing, all-pervasive. This is why a baby has no object permanence. In other words, a baby finds it hard to believe the existence of other objects if he does not see them (=if they are not IN his eyes). They all exist in his outlandishly exploding mind and only there. The universe cannot accommodate a creature, which doubles itself physically every 4 months as well as objects outside the perimeter of such an inflationary being, the baby "believes". The inflation of the body has a correlate in the inflation of consciousness. These two processes overwhelm the baby into a passive absorption and inclusion mode.

To assume that the child is born a "tabula rasa" is superstition. Cerebral processes and responses have been observed in utero. Sounds condition the EEG of fetuses. They startle at loud, sudden noises. This means that they can hear and interpret what they hear. Fetuses even remember stories read to them while in the womb. They prefer these stories to others after they are born. This means that they can tell auditory patterns and parameters apart. They tilt their head at the direction sounds are coming from. They do so even in the absence of visual cues (e.g., in a dark room). They can tell the mother's voice apart (perhaps because it is high pitched and thus recalled by them). In general, babies are tuned to human speech and can distinguish sounds better than adults do. Chinese and Japanese babies react differently to "pa" and to "ba", to "ra" and to "la". Adults do not – which is the source of numerous jokes.

The equipment of the newborn is not limited to the auditory. He has clear smell and taste preferences (he likes sweet things a lot). He sees the world in three dimensions with a perspective (a skill which he could not have acquired in the dark womb). Depth perception is well developed by the sixth month of life.

Expectedly, it is vague in the first four months of life. When presented with depth, the baby realizes that something is different – but not what. Babies are born with

their eyes open as opposed to most other animal young ones. Moreover, their eyes are immediately fully functional. It is the interpretation mechanism that is lacking and this is why the world looks fuzzy to them. They tend to concentrate on very distant or on very close objects (their own hand getting closer to their face). They see very clearly objects 20-25 cm away. But visual acuity and focusing improve in a matter of days. By the time the baby is 6 to 8 months old, he sees as well as many adults do, though the visual system – from the neurological point of view – is fully developed only at the age of 3 or 4 years. The neonate discerns some colours in the first few days of his life: yellow, red, green, orange, gray – and all of them by the age of four months. He shows clear preferences regarding visual stimuli: he is bored by repeated stimuli and prefers sharp contours and contrasts, big objects to small ones, black and white to coloured (because of the sharper contrast), curved lines to straight ones (this is why babies prefer human faces to abstract paintings). They prefer their mother to strangers. It is not clear how they come to recognize the mother so quickly. To say that they collect mental images which they then arrange into a prototypical scheme is to say nothing (the question is not "what" they do but "how" they do it). This ability is a clue to the complexity of the internal mental world of the neonate, which far exceeds our learned assumptions and theories. It is inconceivable that a human is born with all this exquisite equipment while incapable of experiencing the birth trauma or the even the bigger trauma of his own inflation, mental and physical.

As early as the end of the third month of pregnancy, the fetus moves, his heart beats, his head is enormous relative to his size. His size, though, is less than 3 cm. Ensnared in the placenta, the fetus is fed by substances transmitted through the mother's blood vessels (he has no contact with her blood, though). The waste that he produces is carried away in the same venue. The composition of the mother's food and drink, what she inhales and injects – all are communicated to the embryo. There is no clear relationship between sensory inputs during pregnancy and later life development. The levels of maternal hormones do effect the baby's subsequent physical development but only to a negligible extent. Far more important is the general state of health of the mother, a trauma, or a disease of the fetus. It seems that the mother is less important to the baby than the romantics would have it – and cleverly so. A too strong attachment between mother and fetus would have adversely affected the baby's chances of survival outside the uterus. Thus, contrary to popular opinion, there is no evidence whatsoever that the mother's emotional, cognitive, or attitudinal state effects the fetus in any way. The baby is effected by viral infections, obstetric complications, by protein malnutrition and by the mother's alcoholism. But these – at least in the West – are rare conditions.

In the first three months of the pregnancy, the central nervous system "explodes" both quantitatively and qualitatively. This process is called metaplasia. It is a delicate chain of events, greatly influenced by malnutrition and other kinds of abuse. But this vulnerability does not disappear until the age of 6 years out of the womb. There is a continuum between womb and world. The newborn is almost a

very developed kernel of humanity. He is definitely capable of experiencing substantive dimensions of his own birth and subsequent metamorphoses. Neonates can immediately track colours – therefore, they must be immediately able to tell the striking differences between the dark, liquid placenta and the colourful maternity ward. They go after certain light shapes and ignore others. Without accumulating any experience, these skills improve in the first few days of life, which proves that they are inherent and not contingent (learned). They seek patterns selectively because they remember which pattern was the cause of satisfaction in their very brief past. Their reactions to visual, auditory and tactile patterns are very predictable. Therefore, they must possess a MEMORY, however primitive.

But – even granted that babies can sense, remember and, perhaps emote – what is the effect of the multiple traumas they are exposed to in the first few months of their lives?

We mentioned the traumas of birth and of self-inflation (mental and physical). These are the first links in a chain of traumas, which continues throughout the first two years of the baby's life. Perhaps the most threatening and destabilizing is the trauma of separation and individuation.

The baby's mother (or caregiver – rarely the father, sometimes another woman) is his auxiliary ego. She is also the world; a guarantor of livable (as opposed to unbearable) life, a (physiological or gestation) rhythm (=predictability), a physical presence and a social stimulus (an other).

To start with, the delivery disrupts continuous physiological processes not only quantitatively but also qualitatively. The neonate has to breathe, to feed, to eliminate waste, to regulate his body temperature – new functions, which were previously performed by the mother. This physiological catastrophe, this schism increases the baby's dependence on the mother. It is through this bonding that he learns to interact socially and to trust others. The baby's lack of ability to tell the inside world from the outside only makes matters worse. He "feels" that the upheaval is contained in himself, that the tumult is threatening to tear him apart, he experiences implosion rather than explosion. True, in the absence of evaluative processes, the quality of the baby's experience will be different to ours. But this does not disqualify it as a PSYCHOLOGICAL process and does not extinguish the subjective dimension of the experience. If a psychological process lacks the evaluative or analytic elements, this lack does not question its existence or its nature. Birth and the subsequent few days must be a truly terrifying experience.

Another argument raised against the trauma thesis is that there is no proof that cruelty, neglect, abuse, torture, or discomfort retard, in any way, the development of the child. A child – it is claimed – takes everything in stride and reacts "naturally" to his environment, however depraved and deprived.

This may be true – but it is irrelevant. It is not the child's development that we are dealing with here. It is its reactions to a series of existential traumas. That a process or an event has no influence later – does not mean that it has no effect at the moment of occurrence. That it has no influence at the moment of occurrence – does not prove that it has not been fully and accurately registered. That it has not been interpreted at all or that it has been interpreted in a way different from ours – does not imply that it had no effect. In short: there is no connection between experience, interpretation and effect. There can exist an interpreted experience that has no effect. An interpretation can result in an effect without any experience involved. And an experience can effect the subject without any (conscious) interpretation. This means that the baby can experience traumas, cruelty, neglect, abuse and even interpret them as such (i.e., as bad things) and still not be effected by them. Otherwise, how can we explain that a baby cries when confronted by a sudden noise, a sudden light, wet diapers, or hunger? Isn't this proof that he reacts properly to "bad" things and that there is such a class of things ("bad things") in his mind?

Moreover, we must attach some epigenetic importance to some of the stimuli. If we do, in effect we recognize the effect of early stimuli upon later life development.

At their beginning, neonates are only vaguely aware, in a binary sort of way.

1. "Comfortable/uncomfortable", "cold/warm", "wet/dry", "colour/absence of colour", "light/dark", "face/no face" and so on. There are grounds to believe that the distinction between the outer world and the inner one is vague at best. Natal fixed action patterns (rooting, sucking, postural adjustment, looking, listening, grasping, and crying) invariably provoke the caregiver to respond. The newborn, as we said earlier, is able to relate to physical patterns but his ability seems to extend to the mental as well. He sees a pattern: fixed action followed by the appearance of the caregiver followed by a satisfying action on the part of the caregiver. This seems to him to be an inviolable causal chain (though precious few babies would put it in these words). Because he is unable to distinguish his inside from the outside – the newborn "believes" that his action evoked the caregiver from the inside (in which the caregiver is contained). This is the kernel of both magical thinking and Narcissism. The baby attributes to himself magical powers of omnipotence and of omnipresence (action-appearance). It also loves itself very much because it is able to thus satisfy himself and his needs. He loves himself because he has the means to make himself happy. The tension-relieving and pleasurable world comes to life through the baby and then he swallows it back through his mouth. This incorporation of the world through the sensory modalities is the basis for the "oral stage" in the psychodynamic theories.

This self-containment and self-sufficiency, this lack of recognition of the environment are why children until their third year of life are such a homogeneous

group (allowing for some variance). Infants show a characteristic style of behaviour (one is almost tempted to say, a universal character) in as early as the first few weeks of their lives. The first two years of life witness the crystallization of consistent behavioural patterns, common to all children. It is true that even newborns have an innate temperament but not until an interaction with the outside environment is established – do the traits of individual diversity appear.

At birth, the newborn shows no attachment but simple dependence. It is easy to prove: the child indiscriminately reacts to human signals, scans for patterns and motions, enjoys soft, high pitched voices and cooing, soothing sounds. Attachment starts physiologically in the fourth week. The child turns clearly towards his mother's voice, ignoring others. He begins to develop a social smile, which is easily distinguishable from his usual grimace. A virtuous circle is set in motion by the child's smiles, gurgles and coos. These powerful signals release social behaviour, elicit attention, loving responses. This, in turn, drives the child to increase the dose of his signaling activity. These signals are, of course, reflexes (fixed action responses, exactly like the palmar grasp). Actually, until the 18th week of his life, the child continues to react to strangers favourably. Only then does the child begin to develop a budding social-behavioural system based on the high correlation between the presence of his caregiver and gratifying experiences. By the third month there is a clear preference of the mother and by the sixth month, the child wants to venture into the world. At first, the child grasps things (as long as he can see his hand). Then he sits up and watches things in motion (if not too fast or noisy). Then the child clings to the mother, climbs all over her and explores her body. There is still no object permanence and the child gets perplexed and loses interest if a toy disappears under a blanket, for instance. The child still associates objects with satisfaction/non-satisfaction. His world is still very much binary.

As the child grows, his attention narrows and is dedicated first to the mother and to a few other human figures and, by the age of 9 months, only to the mother. The tendency to seek others virtually disappears (which is reminiscent of imprinting in animals). The infant tends to equate his movements and gestures with their results – that is, he is still in the phase of magical thinking.

The separation from the mother, the formation of an individual, the separation from the world (the "spewing out" of the outside world) – are all tremendously traumatic.

The infant is afraid to lose his mother physically (no "mother permanence") as well as emotionally (will she be angry at this new found autonomy?). He goes away a step or two and runs back to receive the mother's reassurance that she still loves him and that she is still there. The tearing up of one's self into my SELF and the OUTSIDE WORLD is an unimaginable feat. It is equivalent to discovering irrefutable proof that the universe is an illusion created by the brain or that our

brain belongs to a universal pool and not to us, or that we are God (the child discovers that he is not God, it is a discovery of the same magnitude). The child's mind is shredded to pieces: some pieces are still HE and others are NOT HE (=the outside world). This is an absolutely psychedelic experience (and the root of all psychoses, probably).

If not managed properly, if disturbed in some way (mainly emotionally), if the separation – individuation process goes awry, it could result in serious psychopathologies. There are grounds to believe that several personality disorders (Narcissistic and Borderline) can be traced to a disturbance in this process in early childhood.

Then, of course, there is the on-going traumatic process that we call "life".

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*Also Read*

[\*The Interrupted Self\*](#)

[\*Psychosexual Stages of Development\*](#)

[\*SETI \(Search for Extraterrestrial Intelligence\) and the Aliens Conundrum\*](#)

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